

LMC Chapter 5.14

RETURN TO: City Clerk's Office, 555 S. 10th St., Lincoln, NE 68508

- 1) Hours *prohibited* from operation: 12:00 midnight to 8:00 a.m.
- 2) Use of tobacco products & alcoholic liquor prohibited at all times within the separate area reserved under the permit for teen night!
- 3) An accurate & current written sign in roster of each & every participant must be maintained within the separate area reserved under the permit at all times during the event & thereafter retained for a period of 1 year.
- 4) Age Requirements: Minimum: 13 Maximum: 20
- 5) Certificate of Insurance is required & must be attached!

APPLICANT'S INFORMATION					
NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE #:					

BUSINESS INFORMATION			
"DOING BUSINESS AS" NAME:			
STREET ADDRESS:			
ZIP:		PHONE #:	

MAILING ADDRESS

NAME:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	

Complete description of the premises to be used for the teen night: _____

EVENT DATE(s)	EVENT TIME(s)

INSURANCE

(REQUIRED - MUST BE ATTACHED OR APPLICATION WILL BE RETURNED AS INCOMPLETE!)

- \$1 million (c/s/l) ACORD form _____ Yes _____ No
- City named Additional Insured _____ Yes _____ No
- **30 day** Cancellation notice to City Clerk _____ Yes _____ No
- Specifically shows that teen night events are **not** excluded _____ Yes _____ No
 from general liability or **are** specifically included by endorsement,
 rider or otherwise.

CERTIFICATE INFORMATION

(REQUIRED - MUST BE ATTACHED OR APPLICATION WILL BE RETURNED AS INCOMPLETE!)

- ABC/WIBC Certified Bowling Center Certificate ☐ Yes ☐ No

Printed Name of Applicant

Date

Applicant's Signature

Applications are available on the City's web site at "www.lincoln.ne.gov"

REFERRALS

HEALTH DEPT.:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

FIRE DEPT.:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

BUILDING & SAFETY DEPARTMENT:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

POLICE DEPT.:

APPROVED: _____ DENIED: _____ DATE: _____

RECOMMENDATIONS OR COMMENTS: _____

